

quart of ice-cold water to be thrown into the rectum by means of a forcing pump, I drew a sheet from the bed, twisted it into a cord, looped the middle of it over the patient's feet, and suspended him feet uppermost to the ceiling, with the injected fluid still in the bowels. While thus suspended, I kneaded the abdomen with considerable force; he was then let down, when the abdomen evidently appeared much softer, from the fact of the obstruction having been removed. Borborygmus immediately ensued; the vomiting ceased entirely from that moment, and in fifteen minutes the ice water enema came away, bringing with it faecal matter. During the afternoon gave him two grains of calomel and half a grain of opium every hour, when at six o'clock he had a second evacuation.

Thursday Morning.—Rested well during the previous night. Pulse 90, and all the alarming symptoms disappeared. Gave a purgative enema, which brought away copious evacuations of a most offensive character.

Friday.—Still improving.

Saturday.—Pulse natural, appetite good, and bowels regular.

Sunday.—Discharged well.

PHILADELPHIA, January 20, 1849.

Trismus Nascentium. By SAMUEL CHAMBERLAIN, M. D.—*July 28th, 1849.*—Martha J. Turbot, æt. four weeks, in the care of a wet-nurse. The mother finding her child's "hands cold, and arms quite purple or black," suspected that the wet-nurse had given it laudanum: last evening she had left it well, in the nurse's hands.

The child was not asleep, nor did it seem heavy and stupid, as if suffering under the effects of laudanum; the eyelids were partly open, and the eyes occasionally turned upwards as if in convulsions; respiration was slow and moaning (the expiration prolonged); it was purely vesicular throughout, and the lungs were fully expanded; pulse distinct.

The complexion was purple, and the veins on its arms very conspicuous. The hands were forcibly contracted, and the thumbs drawn in towards the palms. It refused to suck my finger, which I placed in its mouth, and the mother stated that she could not make it suck. The jaw was not fast closed, but was somewhat stiff when I attempted to introduce my finger. These symptoms reminding me of Dr. Sims' theory of the Cause of Trismus Nascentium,* I examined the occiput and found it *below the parietal bones*; both edges were depressed; the parietals riding over the occipital for half the length of the lambdoidal suture.

I laid it carefully on its side, relieving the occiput of all pressure, and the child immediately began to suck its own lip. A warm bath (that the mother might not think "nothing was done"), and *to keep it carefully on its side*, was the only treatment directed.

Three hours after, I found the child wrapped carefully, after the warm bath, and lying in the mother's arms. All thought it dying. It had "turned blue several times," and became so "whenever the milk was given it." A bluish colour under its eyes was very conspicuous. The mother milked her breast, and poured a spoonful into its mouth; immediately the lips, face, and forehead became blue, and it seemed almost strangled in the attempt to swallow; *but this "blue spell" was declared by those around to be much less severe than the "spells" in my absence.* The difference was this; that I held the child myself, and supported the side of its head; the mother had held it upon her arm, "diagonally," and the weight of its head came chiefly upon the occiput; she

was holding it thus, when I took the child from her, so this is not a mere inference.

The pupils were contracted now, and the child breathed with a croupy inspiration.

Treatment.—To keep it on a pillow, and on its side carefully.

Third visit, about three hours later.—It has had one or two more “blue spells,” but none so severe as at the last visit. The mother had again taken it and held it, as before, on her arm diagonally; the occiput bearing the weight of its head in some degree.

On my taking it from her, raising it by the feet, and with my thumb and forefinger at the back of its neck (as with a child at birth), complete opisthotonus took place; the head was thrown strongly backwards, and remained so. I had inadvertently made *greater pressure* upon the occiput; for not only the head, but part of the body was now supported by it. The child made a feeble effort at defecation, and passed some wind. There was no more stridulous breathing.

Treatment.—I now laid it myself carefully on the pillow, and insisted that it should not be taken up for any purpose, but feed while lying. A teaspoonful of castor oil was the only medicine ordered.

July 29th.—The mother reports one or two “spells” since the last visit; but that at 12 o’clock in the night a change for the better took place. She suckled it in the night. I found the child lying accurately on its side, the whole side of the head and face applied to the pillow, and the occiput relieved of all pressure. Her breathing free, easy, and regular; her hands both open; the skin red and of a healthy colour; and no appearance whatever of impeded circulation.

A careful examination of the occiput shows that it has risen *very nearly* to the level of the parietal bone; there is still, however, a slight depression, and it is still *below*, not over-riding them. I therefore explained the danger, and directed the mother to keep it still carefully on its side.

August 11th.—The child has been under occasional notice up to this date. It remains well. The occiput is still below the parietals, as may be detected by a *careful* examination; it is much nearer the level than when I first felt the head. Having frequently seen the mother carrying the child with its head always raised, and never otherwise, I conclude that her careful observance of the directions, has prevented any renewal of the attack. Her removal has prevented any further observance of the case.

Intermittent Fever. By Dr. N. WARD, Burlington, Vermont.—While in Ceylon, I treated many cases of fever and ague most satisfactorily, with a mixture of oil of turpentine and castor oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administered in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained, there were generally present signs of biliary derangement, indicating the moderate use of calomel or calomel and ipecac, after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones; and in one case of enlarged spleen with good effect.

Dysmenorrhœa.—Dr. N. WARD, of Burlington, Vermont, reports that in several cases of painful menstruation, he has obtained the best results from the use of $\frac{1}{2}$ gr. of sulph. ferri, with a slightly laxative dose of sulph. magnesia, every day during the interval of the monthly periods, or for the last ten days of the interval.